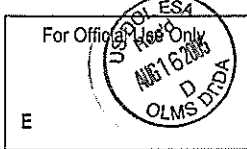


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>18149</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
3. Name and address of person filing. Name <b>Daniel</b> <b>F</b> <b>Bark</b> P.O. Box, Bldg., Room No., if any <b>suite C</b> Street <b>855 S Mill Street</b> City <b>Mt. Carroll</b> State <b>Illinois</b> ZIP Code + 4 <b>61053</b>	4. Name, file number, and address of labor organization. Name <b>United Brotherhood of Carpenters</b> Labor Organization File Number <b>000-085</b> P.O. Box, Building and Room Number, if any <b>10th fl</b> Street <b>101 Constitution Ave., NW</b> City <b>Washington</b> State <b>DC</b> ZIP Code + 4 <b>20001</b>
5. Position in labor organization. <b>General Representative</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <b>Daniel Bark</b>	On <b>8/11/05</b> Date	<b>815-244-7838</b> Telephone Number

Name of Person Filing <u>Daniel F. Bark</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <input style="width: 90%;" type="text"/>  Trade Name, if any: <input style="width: 90%;" type="text"/>  P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/>  Street <input style="width: 90%;" type="text"/>  City <input style="width: 90%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	9. Business deals with:  <input type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name <input style="width: 90%;" type="text"/>  Trade Name, if any: <input style="width: 90%;" type="text"/>  P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/>  Street <input style="width: 90%;" type="text"/>  City <input style="width: 90%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount. <input style="width: 100%;" type="text"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name <input style="width: 90%;" type="text" value="LU2158 Health and Welfare Fund"/>  Trade Name, if any: <input style="width: 90%;" type="text"/>  P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/>  Street <input style="width: 90%;" type="text" value="2707 62nd Street Court"/>  City <input style="width: 90%;" type="text" value="Bettendorf"/>  State <input style="width: 20%;" type="text" value="Iowa"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="52722"/>	14.a. Nature of payment.  <div style="border: 1px solid black; padding: 10px; text-align: center;">             Spouse is an employee of the fund.           </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input style="width: 100%;" type="text" value="\$15,600.00"/>

a Control number		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer identification number <b>35-3216403</b>				1 Wages, tips, other compensation <b>15600.00</b>		2 Federal income tax withheld <b>1944.00</b>	
c Employer's name, address, and ZIP code <b>LOCAL UNION 2158 HEALTH AND WELFARE FUND 2707 62ND STREET COURT BETTENDORF IA 52722</b>				3 Social security wages <b>15600.00</b>		4 Social security tax withheld <b>967.20</b>	
				5 Medicare wages and tips <b>15600.00</b>		6 Medicare tax withheld <b>226.20</b>	
				7 Social security tips		8 Allocated tips	
				9 Advance EIC payment		10 Dependent care benefits	
d Employee's social security number <b>479-76-8035</b>				11 Nonqualified plans		12a See instructions for box 12	
e Employee's first name and initial Last name <b>DONA L BARK</b>  <b>2665 300 AVENUE DEWITT IA 52742-9801</b>				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
IA	35-3216403001	15600.00	528.00				

Form **W-2** Wage and Tax Statement  
 Copy C—For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B.)

**2004**

Department of the Treasury—Internal Revenue Service

Safe, accurate,  
FAST! Use

